

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **659815**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		2					53						
4		①					54						
5		①					55						
6	1						56						
7	1						57						
8	1						58						
9		1					59						
10		2					60						
11		1					61						
12	1						62						
13		1					63						
14		2					64						
15		①					65						
16		①					66						
17	1						67						
18		1					68						
19		2					69						
20		①					70						
21		①					71						
22	1						72						
23	1						73						
24	1						74						
25		1					75						
26		2					76						
27		1					77						
28	1						78						
29		1					79						
30		2					80						
31		①					81						
32		①					82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						